PTO/SB/21 (12-97)
Approved for use through 9/30/00. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

To the Paperwork Reduction Act of 19		Application Number	10/566,570				
OCT 1 9 2009 (1)		Confirmation Number					
TRANSMITT	AL	Filing Date	with an effective filing date of May 14, 20				
FORM		First Named Inventor	Johnny WÄRNELÖV and Urban KRONST				
(to be used for all correspondence after	r initial filing)	Group Art Unit	3744				
		Examiner Name	John K. FO	RD Fax: (571) 273-8300			
Total No. of Pages in this Submission	on: 8	Attorney Docket Number	GOTALA P1	12US			
ENCLOSURES (check all that apply)							
■ Fee Transmittal Form (in Duplicate)	[1]	☐ Assignment papers (for an Application)	☐ After Allowance Communication to Group				
■ Fee attached - Check \$2	2,350.00	☐ Drawing(s)Annotated Sh Replacement Sh	neet(s)[] eet(s)[]	☐ Appeal Communication to Board of Appeals and Interferences []			
■ Amendment/Response	[3]	☐ Licensing-related Papers		☐ Appeal Communication to Group			
☐ After Final		□ Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful)		(Appeal Notice, Brief, Reply Brief) [] □ Proprietary Information []			
☐ Affidavits/declaration	n(s)						
■ Extension of Time Request [1] (in Duplicate)		☐ To Convert a Provisional Petition []		☐ Status Letter			
□ Express Abandonment Request		☐ Power of Attorney, Revocation Change of Correspondence Address . []		(please identify below):			
☐ Information Disclosure Stmt		☐ Terminal Disclaimer		POSTCARD			
☐ Certified Copy of Priority [] Document(s)		☐ Small Entity Statement .	_				
☐ Response to Missing Part/s Incomplete Application		□ Request for Refund					
☐ Response to Missing Parts under 37 CFR 1.52 or 1.53							
REMARKS							
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT							
	Michael J. Bujold Reg. No. 32,018 DAVIS & BUJOLD, P.L.L.C. CUSTOMER NO. 020210						
Signature Tului Figur							
	October 16, 2009						
CERTIFICATE OF MAILING							
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on October 16, 2009							
Signature Date: October 16, 2009 (amp)							

PTO/SB/17 (10-07)
Approved for use through 06/30/2010. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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Effective on 12/08/2004.

FEE TRANSMITTAL

OCT i 9 2009 For FY 2008

Proping aims small entity status. See 37 CFR 1.27

Complete if Known

Application No. Filing Date
First Named Inventor **Examiner Name** Art Unit

10/566,570 with an effective filing date of May 14, 2004
Johnny WÄRNELÖV and Urban
KRONSTRÖM
John K. FORD

	<u></u>								3744	
TOTAL AMOUNT OF PAYMENT: \$2,350.00					Attorney Docket	torney Docket No.			GOTALA P112US	
METHOD OF PAYMENT (check all that apply)										
■ Check	 Credit Card ☐Money Ord 				entify):		•	-		
■ Depos	sit Account Deposit	Account N	umber <u>(</u>	04-0213	-	Deposit Account	Name: DA	VIS 8	<u> BUJOLD, P.L.</u>	L.C
For the a	bove-identified deposit accour	nt, the Dire	ctor is her	eby author	ized to: (c	heck all that apply	/)			
	☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee									
■ Charge any additional fee(s) or underpayments of fee(s) ■ Credit any overpayments under 37 CFR 1.16 and 1.17										
	G: Information on this form			ic. Credit	card infor	mation should n	ot be includ	ded o	on the this form	ı. Provide credit
	CULATION	JII P 10-20								
		-								
1.	BASIC FILING, SEARCH, AI	ND EXAMI	NATION F	FEES						
		FILING F			SEARCH		EXAMIN		N FEES	
•	Application Type	Fee (\$)	Small Er Fee (\$		Fee (\$)	Small Entity Fee (\$)	Fee (\$)	_	all Entity ee (4)	Fees Paid (\$)
	Utility	330	165		540	270	220	110)	
	Design	220	110		100	50	140	70)	
	Plant	220	110		330	165	170	85	5	
	Reissue	330	165		540	270	650	325	5	
	Provisional	220	110		0	0	0	c)	
2.	EXCESS CLAIM FEES	-	-				-	_	Small Er	tity
<u></u>	Fee Description Each claim over 20 (including	a Reissues	;)				Fee (\$) 52		Fee (\$) 26	
	Each independent claim over		•	es)			220		110	
	Multiple dependent claims						390		195	
	Total Claims	Extra Cla	<u>nims</u>	Fee (\$)		Fee Paid (\$)		Mul	Itiple Dependen	t Claims
	-20 or HP =		× _	\$52/\$26	=			Fe	ee (\$)	Fee Paid (\$)
	<u>Indep. Claims</u> 3 or HP +	Extra Cla	<u>aims</u> x	Fee (\$) \$220/\$1	<u>10</u> =	Fee Paid (\$)				
	HP = highest number of independent claims paid for, if greater than 3.									
3.	APPLICATION SIZE FEE									
.	If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and									
	37 CFR 1.16(s).	.5 4255 (4								
	<u>Total Sheets</u> 100 =	Extra Sh / 50 =	<u>eets</u>			nal 50 or fraction to ble number) x	hereof _\$270/\$		(\$) <u>Fee Paid</u> =	<u>(\$)</u>
4.	OTHER FEE(S)		_							Fees Paid (\$)
Other (e.g., late filing surcharge): Petition for Five Month Extension of term \$2,350.00										
SUBMITTED BY										
Signature Telephone (603) 226-7490										
Name (Print/Ty	ame Print/Type) Michael J. Bujold				Registration No. (Atty/Agent) 32,018			Date: October 16, 2009		

Fees Paid (\$)

Fee Paid (\$)

Fees Paid (\$)

\$2,350.00

Telephone (603) 226-7490

Date: October 16, 2009

, Made in Brown But in the control of the control o	Patent and 1	PTO/SB/17 (10- Approved for use through 06/30/2010. OMB 0651-00 Trademark Office: U.S. DEPARTMENT OF COMMER			
Effective on 12/08/2004. Pees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	respond to a collection of information unless it displays a valid OMB control number Complete if Known				
OCT 19 2009 SEE TRANSMITTAL For FY 2008 Applications small entity status. See 37 CFR 1.27	Application No. Filing Date First Named Inventor Examiner Name Art Unit	10/566,570 with an effective filing date of May 14, 2004 Johnny WÄRNELÖV and Urban KRONSTRÖM John K. FORD 3744			
TOTAL AMOUNT OF PAYMENT: \$2,350.00	Attorney Docket No.	GOTALA P112US			
METHOD OF PAYMENT (check all that apply)					
■ Check □ Credit Card □Money Order □None □ Other (please identify): _ ■ Deposit Account Deposit Account Number04-0213	Deposit Account Name: DA	- VIS & BUJOLD, P.L.L.C			
For the above-identified deposit account, the Director is hereby authorized to:	(check all that apply)				
☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee					
■ Charge any additional fee(s) or underpayments of fee(s) ■ Cred under 37 CFR 1.16 and 1.17	lit any overpayments				
WARNING: Information on this form may become public. Credit card infocard Information and authorization on PTO-2038.	ormation should not be includ	ed on the this form. Provide credit			

SEARCH FEES

Fee (\$)

540

100

330

540

Fee (\$)

Fee (\$)

\$220/\$110 =

0

Small Entity

Fee (\$)

270

50

165

270

0

Fee Paid (\$)

Fee Paid (\$)

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and

No. of each additional 50 or fraction thereof

Registration No. (Atty/Agent) 32,018

(round up to a whole number) x

EXAMINATION FEES

110

70

85

0

Fee (\$)

Small Entity Fee (\$) 26

110

195

Fee (\$) Fee Paid (\$)

Multiple Dependent Claims

325

Fee (\$)

220

140

170

650

0

Fee (\$)

52

220

390

Small Entity

Fee (4)

FEE CALCULATION

Application Type

Utility

Design

Reissue

Provisional

Fee Description

Total Claims

Indep. Claims

37 CFR 1.16(s).

OTHER FEE(S)

EXCESS CLAIM FEES

Multiple dependent claims

Each claim over 20 (including Reissues)

-20 or HP =

-3 or HP +

Each independent claim over 3 (including Reissues)

Plant

2.

3.

4.

SUBMITTED BY

Signature Name

(Print/Type)

BASIC FILING, SEARCH, AND EXAMINATION FEES

FILING FEES

Fee (\$)

330

220

220

330

220

Extra Claims

Extra Sheets

Michael J. Bujold

Other (e.g., late filing surcharge): Petition for Five Month Extension of term

HP = highest number of independent claims paid for, if greater than 3.

Small Entity

165

110

110

165

110

Fee (\$)